

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/602,753  
APPLICANT(S) \_\_\_\_\_

FILING DATE \_\_\_\_\_

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
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3															
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13	X	X													
14	1														
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16	X	X													
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37	X	X													
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44	X	X													
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TOTAL IND.	31		2												
TOTAL DEP.	23		19												
TOTAL CLAIMS	27		21												
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